

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

2017 JAN -3 AM 10:14
12FE4M5

CAMPUS RED PAC

ADDRESS (number and street)

16331 NE 20 WAY



Check if different
than previously
reported. (ACC)

FORT LAUDERDALE

FL

33308

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

000620856

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2)
- ☐ May 20 (M5)
- ☐ Aug 20 (M8)
- ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3)
- ☐ Jun 20 (M6)
- ☐ Sep 20 (M9)
- ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4)
- ☐ Jul 20 (M7)
- ☐ Oct 20 (M10)
- ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P)
- ☐ General (12G)
- ☐ Runoff (12R)
- ☐ Convention (12C)
- ☐ Special (12S)

Election on

MM/DD/YYYY

in the
State of

FL

(d) 30-Day
POST-Election
Report for the:

- ☒ General (30G)
- ☐ Runoff (30R)
- ☐ Special (30S)

Election on

MM/DD/YYYY

in the
State of

FL

5. Covering Period

MM/DD/YYYY

through

MM/DD/YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Cade Marsh

Signature of Treasurer

Date

MM/DD/YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only

FEC FORM 3X
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Campus Red PAC

Report Covering the Period:

From:

10 / 20 / 2016

To:

11 / 28 / 2016

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand
January 1, 2016

0.00

(b) Cash on Hand at
Beginning of Reporting Period.....

33,043.39

(c) Total Receipts (from Line 19).....

2,600.00

73,841.83

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B).....

35,643.39

7. Total Disbursements (from Line 31).....

10,645.75

45,844.19

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d)).....

24,997.64

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D).....

0.00

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D).....

0.00

☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Report Covering the Period:

From:

MM / DD / YYYY
10 / 20 / 2016

To:

MM / DD / YYYY
11 / 28 / 2016

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

26,000.00

0.00

26,000.00

0.00

0.00

0.00

26,000.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

26,000.00

26,000.00

70,190.00

0.00

70,190.00

1,000.00

2,550.00

73,740.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

101.83

0.00

0.00

0.00

0.00

0.00

73,841.83

73,841.83

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	5322.87	22922.09
(ii) Non-Federal Share	6322.88	22922.10
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	10645.75	
22. Transfers to Affiliated/Other Party Committees	0.00	45844.19
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	
24. Independent Expenditures (use Schedule E)	0.00	
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	
26. Loan Repayments Made	0.00	
27. Loans Made	0.00	
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	
(b) Political Party Committees	0.00	
(c) Other Political Committees (such as PACs)	6.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	6.00	
29. Other Disbursements (Including Non-Federal Donations)	0.00	
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	
(ii) "Levin" Share	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10645.75	45844.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5322.87	22922.09

2017-01-01 00:12:28

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2,600.00	73,740.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2,600.00	73,740.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5,322.87	22,922.09
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5,322.87	5,322.87

2017-01-03 00:00:00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 2

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Campus Red PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Javits, Eric

Mailing Address

150 Bradley Place #407

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11/02/2016

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Grace, Oliver

Mailing Address

241 Bradley Place

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

11/02/2016

Amount of Each Receipt this Period

1,000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Engels, Dorothy

Mailing Address

220 Sunrise Ave Suite 100

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

11/02/2016

Amount of Each Receipt this Period

1,000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2,500.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 2

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Campus Red PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gillies, John

Mailing Address

PO 1254

City Pompano Beach

State FL

Zip Code 33061

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

11 / 05 / 2016

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

100.00

2600.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

☐ 21b
☐ 28a

☐ 22
☐ 28b

☐ 23
☐ 28c

☐ 26
☐ 29

☐ 27
☐ 30b

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D /

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D /

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D /

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">C</div>		
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <div style="border: 1px solid black; width: 150px; height: 20px;"></div>		Interest Rate (APR) <div style="border: 1px solid black; width: 100px; height: 20px;"></div> %	
Mailing Address		Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div></div><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div></div><div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div></div>			
City	State	Zip Code	Date Due <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div></div><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div></div><div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div></div>		
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div></div><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div></div><div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div></div>					
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>			
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the value of this collateral? <div style="border: 1px solid black; width: 150px; height: 20px;"></div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the estimated value? <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div></div><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div></div><div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div></div>					
Location of account: Address: _____ City, State, Zip: _____					
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.					
G. COMMITTEE TREASURER Typed Name Signature				DATE <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div></div><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div></div><div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div></div>	
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE Typed Name Signature				DATE <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div></div><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div></div><div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div></div>	
Title					

2017-01-03 10:17:28

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE OF

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

2017-01-03 10:00:27

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE _____ OF _____
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;">C</div>
-----------------------------	--

Check if ☐ 24-hour report ☐ 48-hour report **>>>** New report Amends report filed on

M M / D D / Y Y Y Y

Full Name of Payee		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</div>
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px;"></div>
City	State	Zip Code	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</div>
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>	
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"></div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</div>
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px;"></div>
City	State	Zip Code	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</div>
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>	
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"></div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

M M / D D / Y Y Y Y

2017-01-03 01:00:00

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

PAGE	OF
FOR LINE 25 OF FORM 3X	

NAME OF COMMITTEE (In Full)					
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:			Full Name of Subordinate Committee		
			Mailing Address		
			City	State	ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item			Purpose of Expenditure		
Mailing Address			Category/ Type		
City		State	Date		
			MM / DD / YYYY		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	Amount		
		State: _____ District: _____			
Aggregate General Election Expenditure for this Candidate ▶					
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item			Purpose of Expenditure		
Mailing Address			Category/ Type		
City		State	Date		
			MM / DD / YYYY		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	Amount		
		State: _____ District: _____			
Aggregate General Election Expenditure for this Candidate ▶					
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item			Purpose of Expenditure		
Mailing Address			Category/ Type		
City		State	Date		
			MM / DD / YYYY		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	Amount		
		State: _____ District: _____			
Aggregate General Election Expenditure for this Candidate ▶					
SUBTOTAL of Expenditures This Page (optional).....▶					
TOTAL This Period (last page this line number only).....▶					

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative ☒ Generic Voter Drive ☒ Public Communications Referencing Party Only ☐

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE OF
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<div> <div>MM</div> <div>DD</div> <div>YY</div> </div>	

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

ii) Generic Voter Drive

iii) Exempt Activities

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

2017-01-01-01-001278814

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

PAGE 1 OF 7
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Campus Red PAC

A. Full Name (Last, First, Middle Initial) PayPal Holdings, Inc.			<input type="checkbox"/> Memo Item	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2211 N First Street				Allocated Activity or Event Year-To-Date <div></div>	
City San Jose	State CA	Zip Code 95131		Date 10/20/2016	
Purpose of Disbursement: Service charge			Category/ Type <div></div>		
Activity or Event Identifier:					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.47		2.48		4.95

B. Full Name (Last, First, Middle Initial) Lockhart, Karis			<input type="checkbox"/> Memo Item	Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 417 Lake Blvd.				Allocated Activity or Event Year-To-Date <div></div>	
City Sanford	State FL	Zip Code 32773		Date 10/23/2016	
Purpose of Disbursement: Voter registration			Category/ Type <div></div>		
Activity or Event Identifier:					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
500.00		500.00		1,000.00

C. Full Name (Last, First, Middle Initial) Slattery, Kaley			<input type="checkbox"/> Memo Item	Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 4435 Touchton Rd E.				Allocated Activity or Event Year-To-Date <div></div>	
City Jacksonville	State FL	Zip Code 32246		Date 10/23/2016	
Purpose of Disbursement: Voter registration			Category/ Type <div></div>		
Activity or Event Identifier:					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
125.00		125.00		250.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
627.47		627.48		1,254.95

TOTAL This Period (last page for each line only) (Federal share to 21(a)(i) and NonFederal share to 21(a)(iii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE 2 OF 7
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Campus Red PAC

A. Full Name (Last, First, Middle Initial)

Chase, Corne

☐ Memo Item

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☒ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

10,000.00

Date 10/23/2016

Mailing Address

451 Havelock Cove

City

Durham

State
FL

Zip Code

27705

Purpose of Disbursement:

voter registration

Activity or Event Identifier:

Category/
Type

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

250.00

250.00

500.00

B. Full Name (Last, First, Middle Initial)

Davis, Charlotte

☐ Memo Item

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☒ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

10,000.00

Date 10/23/2016

Mailing Address

1000 Pinok Ln

City

Cantonment

State
FL

Zip Code

32533

Purpose of Disbursement:

voter registration

Activity or Event Identifier:

Category/
Type

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

250.00

250.00

500.00

C. Full Name (Last, First, Middle Initial)

Pacheco, Priscilla

☐ Memo Item

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☒ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

7,500.00

Date 10/23/2016

Mailing Address

20261 Huffmaster Rd.

City

North Fort Myers

State
FL

Zip Code

33917

Purpose of Disbursement:

voter registration

Activity or Event Identifier:

Category/
Type

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

250.00

250.00

500.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

7,500.00

7,500.00

15,000.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE 3 OF 7
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Campus Red PAC

A. Full Name (Last, First, Middle Initial)

Florida State University

Mailing Address

600 W College Ave.

City

Tallahassee

State

FL

Zip Code

32306

Purpose of Disbursement:

FBI request

Activity or Event Identifier:

☐ Memo Item

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

3,200.00

Date

10/23/2016

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

1,600.00

1,600.00

3,200.00

B. Full Name (Last, First, Middle Initial)

Cooley, David, T.

Mailing Address

6331 NE 20 Way

City

Ft. Lauderdale

State

FL

Zip Code

33308

Purpose of Disbursement:

administrative work

Activity or Event Identifier:

☐ Memo Item

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

300.00

Date

11/05/2016

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

1,500.00

1,500.00

300.00

C. Full Name (Last, First, Middle Initial)

Kernigan, Keith

Mailing Address

1220 NE 9 Ct

City

Pompano Beach

State

FL

Zip Code

Purpose of Disbursement:

independent contract

Activity or Event Identifier:

☐ Memo Item

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt

☒ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

2,033.00

Date

11/07/2016

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

750.00

750.00

1,800.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

1,060.00

1,060.00

2,120.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE 4 OF 7
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Campus Red PAC

A. Full Name (Last, First, Middle Initial)

Anead, Inc.

☐ Memo Item

Allocated Activity or Event:

- ☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Mailing Address

PO Box 84314

City

Baton Rouge

State

LA

Zip Code

70884

Purpose of Disbursement:

service charge

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event Year-To-Date

3,568.2

Date

11/09/2016

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

594.0

594.0

1,188.0

B. Full Name (Last, First, Middle Initial)

Borstock, Jacqueline

☐ Memo Item

Allocated Activity or Event:

- ☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Mailing Address

18091 SE Country Club Dr. Apt 187

City

Jupiter

State

FL

Zip Code

33469

Purpose of Disbursement:

independent contract

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event Year-To-Date

5,025.00

Date

11/15/2016

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

1,250.00

1,250.00

2,500.00

C. Full Name (Last, First, Middle Initial)

Monsalve, Elias

☐ Memo Item

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☒ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Mailing Address

4224 SW 148 Place

City

Miami

State

FL

Zip Code

33185

Purpose of Disbursement:

Voter registration

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event Year-To-Date

1,000.00

Date

11/15/2016

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

1,250.00

1,250.00

2,500.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

1,434.40

1,434.40

2,868.80

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(iii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

PAGE 5 OF 7
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Campus Red PAC

A. Full Name (Last, First, Middle Initial)

☐ Memo Item

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☒ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Mailing Address

11200 SW 8th St.

City

Miami

State

FL

Zip Code

33199

Purpose of Disbursement:

Voter registration

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event Year-To-Date

170.00

Date

11/15/2016

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

10.00

10.00

20.00

B. Full Name (Last, First, Middle Initial)

☐ Memo Item

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☒ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Mailing Address

11200 SW 8th St

City

Miami

State

FL

Zip Code

33199

Purpose of Disbursement:

Voter registration

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event Year-To-Date

170.00

Date

11/15/2016

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

10.00

10.00

20.00

C. Full Name (Last, First, Middle Initial)

☐ Memo Item

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☒ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Mailing Address

11200 SW 8th St.

City

Miami

State

FL

Zip Code

33199

Purpose of Disbursement:

Voter registration

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event Year-To-Date

50.00

Date

11/15/2016

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

25.00

25.00

50.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

45.00

45.00

90.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(iii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE 6 OF 7
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Campus Red PAC

A. Full Name (Last, First, Middle Initial)

☐ Memo Item

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☒ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Benton, Scott

Mailing Address

3712 Khayyann Ave

City

Orlando

State

FL

Zip Code

32826

Purpose of Disbursement:

Voter registration

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event Year-To-Date

1,000.00

Date

11/15/2016

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

600.00

600.00

1,000.00

B. Full Name (Last, First, Middle Initial)

☐ Memo Item

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☒ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Patten, DJ

Mailing Address

101 ~~North~~ Foreman Rd.

City

Mobile

State

AL

Zip Code

36608

Purpose of Disbursement:

Voter registration / campus canvass deployment

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event Year-To-Date

1,720.00

Date

11/15/2016

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

860.00

860.00

1,720.00

C. Full Name (Last, First, Middle Initial)

☐ Memo Item

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☒ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Reddy, Brian

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Voter registration

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event Year-To-Date

500.00

Date

11/15/2016

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

250.00

250.00

500.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

836.00

836.00

1,672.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE 7 OF 7
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Campus Rep PAC

A. Full Name (Last, First, Middle Initial)

Marsh, Cade

☐ Memo Item

Allocated Activity or Event:

- ☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Mailing Address

1505 Tropical Dr.

City

Lake Worth

State

FL

Zip Code

33460

Purpose of Disbursement:

reimbursement for travel

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event Year-To-Date

13,119.00

Date

11/16/2016

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

570.00

570.00

1,140.00

B. Full Name (Last, First, Middle Initial)

☐ Memo Item

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

☐ Memo Item

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

570.00

520.00

1,140.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

5322.87

5322.88

10,645.75

SCHEDULE H5 (FEC Form 3X)

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

DATE OF RECEIPT

MM / DD / YYYY

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) Voter ID

Total Amount Transferred for Voter ID.....

VOTER ID

iii) GOTV

Total Amount Transferred for GOTV.....

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity.....

GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT

DATE OF RECEIPT

MM / DD / YYYY

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) Voter ID

Total Amount Transferred for Voter ID.....

VOTER ID

iii) GOTV

Total Amount Transferred for GOTV.....

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity.....

GENERIC CAMPAIGN ACTIVITY

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID).....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

2017-01-02 00:12:7842

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY
(To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 30a OF FORM 3X	

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Type of Allocated Activity or Event:

☐ Voter Registration
☐ Voter ID

☐ GOTV
☐ Generic Campaign

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Date

Allocated Activity or Event Year-To-Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Type of Allocated Activity or Event:

☐ Voter Registration
☐ Voter ID

☐ GOTV
☐ Generic Campaign

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Date

Allocated Activity or Event Year-To-Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Type of Allocated Activity or Event:

☐ Voter Registration
☐ Voter ID

☐ GOTV
☐ Generic Campaign

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Date

Allocated Activity or Event Year-To-Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

LEVIN SHARE

TOTAL AMOUNT

TOTAL This Period for the Levin Share

2017-01-01 00:12:43

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)		
NAME OF ACCOUNT		
	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS		
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS		
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND		
(For Column B, use cash as of January 1st)		
8. RECEIPTS		
(from Line 3)		
9. SUBTOTAL		
(Add Lines 7 and 8)		
10. DISBURSEMENTS		
(From Line 6)		
11. ENDING CASH ON HAND		
(Subtract Line 10 From Line 9)		

2017-01-03 PM 00:12:44

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

PAGE OF

FOR LINE NUMBER:
(check only one)

☐ 1a

☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

/ /

Amount of Each Receipt this Period

Aggregate Year-to-Date

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

/ /

Amount of Each Receipt this Period

Aggregate Year-to-Date

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

/ /

Amount of Each Receipt this Period

Aggregate Year-to-Date

D. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Mailing Address

City

State

Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Date of Receipt

/ /

Amount of Each Receipt this Period

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER: PAGE OF
(check only one) ☐ 4a ☐ 4c ☐ 5
☐ 4b ☐ 4d

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

A.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

D.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

E.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶



FedEx carbon-neutral
envelope shipping

4306
01:03
15:00
1
FZ
449
RTM

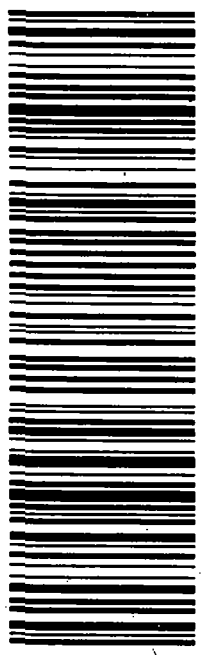
Reusable

XC RDVA

DC-US IAL

TRK# 7851 8390 4306

TUE - 03 JAN 3:00
STANDARD OVERNIGHT

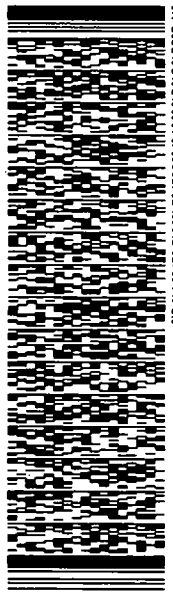


2017 JAN - 3 AM ID: FEDERAL ELECTION COMMISSION

999 E ST NW

WASHINGTON DC 20463

(111) 111-1111 REF: RNO P01 DEPT:



ORIGIN ID: HQDA (954) 829-3194
CAMPUS: RD PAC
PUBLIC: 0301 06931 NE 20TH WAY
FORT LAUDERDALE, FL 33308
UNITED STATES US
SHIP DATE: 30DEC16
ACTWT: 0.20 LB
CRD: 6996115/SSF01722
BILL CREDIT CARD

2017-01-01 00:00:00 00127847

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FED EX</i>	Shipping Date <i>12/30/16</i>
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
PREPARER (3/2015) <i>[Signature]</i>	<i>1/3/17</i> DATE PREPARED

2017-01-03 00:12:48